

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

63-024572

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3488 STATE FILE NUMBER

FILED JUL 5 1963

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City | | c. CITY OR TOWN Kansas City | |
| Length of stay in 1b Life | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center | | d. STREET ADDRESS (If outside, give location) 1016 Locust | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) Walter C. Root, Jr. | | 4. DATE OF DEATH Month June Day 19 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10-29-1894 |
| 9. AGE (last birthday) 68 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) Kansas City, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Walter C. Root | | 13b. MOTHER'S MAIDEN NAME Lora Bullene | |
| 14. NAME OF HUSBAND OR WIFE Helen C. Root | | Address Helen C. Root 4341 Locust K. C. Mo. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. W.W. #1 | |
| 17. INFORMANT Helen C. Root | | Address 4341 Locust K. C. Mo. | |

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| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure & pulmonary edema | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) chron. pyelonephritis, bil. & chron. ileitis; Broncho-pneumonia | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 10:05 a.m. p.m. | Month, Day, Year 6/19/63 | | |

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|---|---|--|--------------------------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1956 | 20f. CITY, TOWN, OR LOCATION 6/19/63 | COUNTY 6/18/63 | STATE |
| 21. I attended the deceased from 1956 to 6/19/63 and last saw him alive on 6/18/63 . Death occurred at 10:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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| 22a. SIGNATURE Walter C. Root Jr. | 22b. ADDRESS 701 E 63 St | 22c. DATE SIGNED 6/20/63 |
|---|------------------------------------|------------------------------------|

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|--|-----------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-22-63 | 23c. NAME OF CEMETERY OR CREMATORY Elmwood | 23d. LOCATION (City, town, or county) Kansas City, Missouri |
| 24. FUNERAL DIRECTOR Stine & McClure Kansas City, Missouri | | 25. DATE RECD. BY LOCAL REG. 6-21-63 | 26. REGISTRAR'S SIGNATURE Ruth Long |

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUD

AMENDED

VS 300
Rev. 4/59

DATE AMENDED
10-11-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
Walter C. Root

ITEM NO. SHOULD READ
3 Walter C. Root Jr.

DOCUMENT

BY AFFIDAVIT OF **Funeral Director**
Walter P. Jacobs MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

AUG 8 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.